



DEPARTMENT OF FISH AND GAME
CALIFORNIA SALTWATER ANGLING RECORD VERIFICATION



1. I hereby certify that I have examined a fish in fresh / frozen / preserved condition caught
on _____ by Mr. / Ms. _____
(Month, Day, Year) (Name of Angler)
of _____
(Street, City, State, Zip Code) (Home Phone Number)
at _____
(Location of Catch) (County)
2. A photo or news item on the fish is enclosed: Yes or No
3. Fish weight _____ lbs _____ oz, or (_____ kg); two witnesses required:

(Witness Name) (Street, City, State, Zip Code) (Home Phone Number)

(Witness Name) (Street, City, State, Zip Code) (Home Phone Number)
4. Scale certification: _____ Date of certification: _____
(Number) (Month, Day, Year)
5. I have identified the fish as a (Common Name): _____
Genus: _____ Species: _____
6. Optional measurements:
a. Total length _____ ft _____ in, or (_____ cm)
b. Taxonomic measurements: _____
(Lateral Line Scales, Ray Count, Etc.)
7. Type of fishing gear: _____
8. Remarks: _____

Name: _____
Title: _____

Record submission form and photograph should be mailed to:



Brian Owens
Department of Fish and Game
4665 Lampson Avenue, Suite C
Los Alamitos, CA 90720



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